

EPA

United States
Environmental Protection Agency

Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Atticus, LLC / 91234-89	2. EPA Product Manager Hope Johnson	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Atticus, LLC/ A230.04 [ABN: Alterity 62.5 WG]	5. PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Atticus, LLC 5000 CentreGreen Way, Suite 100 Cary, NC 27513		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. - Product Name -
<input type="checkbox"/> Check if this is a new address		

Section II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated 1-19-18
<input type="checkbox"/> Resubmission in response to Agency letter dated XX-XX	<input type="checkbox"/> "Me Too" Application
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)


Notification of updated Confidential Statement of Formula for Alternate 2 formulation per PRN 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Dave.Bolin@AtticusLLC.com

Section III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)		
*Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per Container	If "Yes" Package wgt.	No. per Container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 28 oz		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Dave G. Bolin, Ph.D.		Title Vice President – Regulatory Affairs	
		Telephone No. (Include Area Code) 984-465-4766	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Vice President – Regulatory Affairs	
4. Typed Name: Dave G. Bolin, Ph.D.		5. Date: September 13, 2019	